



30TH MEDCOM (DS) HISTORY

30th Medical Command

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The 30th Medical Command (Deployment Support) began as the 30th Medical Regiment on October 1, 1933 in the state of Texas. The unit was redesignated as the 30th Medical Group on September 8, 1943. In 1944, the unit was transferred to Liverpool, England and onward to Omaha Beach. On December 4, 1944, the Group was reassigned to the Ninth Army in support of actions in the Rhine and Ruhr Valleys and in the drive to the Elbe River. At the end of the war, the unit deployed home to Camp Swift, Texas on August 30, 1945. The 30th Medical Group served in a training status at Camp Swift, Texas, Camp Polk, Louisiana, and Fort Benning, Georgia. It was inactivated at Fort Benning in 1949. On March 25, 1953, the Group was reactivated in Korea where it coordinated the operations of all medical units in the Eighth Army, as well as providing primary medical and dental care and evacuation for United Nations troops. In 1955 the Group was transferred to the United States Army, Europe, assigned to Seventh Army, and stationed at Landstuhl Army Medical Center. The 30th Medical Group was further attached to HQ, 7th Medical Brigade in 1965, thus becoming an original part of the US Army's first medical brigade.

The Group deployed in December 1990 to Southwest Asia in support of Operations Desert Shield and Desert Storm. The Group was assigned to the 332nd Medical Brigade and became the primary medical support to VII Corps and Allied fighting forces. On March 19, 1992, the 30th Medical Group was reorganized as the 30th Medical Brigade, a wartime command and control element of V Corps and a peacetime community health care agent of 7th Medical Command. With the inactivation of 7th Medical Command in 1994, all 30th Medical Brigade TO&E elements were assigned to V Corps with the Headquarters in Heidelberg, Germany. From November 1995 until December 1996, the Headquarters, 30th Medical Brigade and many of its subordinate units were deployed to Hungary, Croatia, and Bosnia-Herzegovina in support of Operation Joint Endeavor.

On February 13, 2003, the 30th Medical Brigade and many of its subordinate units deployed in support of Operation Iraqi Freedom. The Brigade led all V Corps medical operations, reaching a strength of over 5,000 Soldiers and commanding 78 different units. The 30th Medical Brigade treated thousands of American and Coalition Soldiers, Enemy Prisoners of War, contractors and Iraqi civilians, and the 30th Medical Brigade patch became a symbol of lifesaving hope throughout Iraq. The Brigade also worked closely with the Iraqi Ministry of Health in rebuilding the Iraqi medical infrastructure. Operation Iraqi Freedom was a historic achievement, for the 30th by becoming the largest medical brigade ever deployed and achieving the lowest Died of Wounds and Disease and Non-Battle Injury rates in the history of war. The Brigade's Operation Iraqi Freedom I units re-deployed to Germany in February, 2004.

On 27 September 2005, the 30th Medical Brigade was deployed again in Support of Operation Iraqi Freedom. The Brigade was in charge of three Combat Support Hospitals and one U.S. Air Force Hospital. The 30th Medical Brigade was charged with providing the highest standard of medical care on the battlefield for American Soldiers, Coalition Soldiers, Civilians, and enemy combatants alike. The 30th Medical Brigade redeployed on 18 September 2006.

On 16 October 2008, the Brigade was reorganized as the 30th Medical Command (Deployment Support), with a mission of theater level medical command and control, health service support, force health protection, and medical synchronization of assigned and attached medical forces in support of USAREUR/7th Army or any directed global contingency operation.

Task Force 30th MEDCOM (DS) uncased its colors at Bagram Air Base, Afghanistan May 13, 2009 becoming the first Theater Medical Command in Afghanistan. In previous years, command and control had been decentralized throughout theater. Task Force 30th provided a new solution, with centralized planning and expanded roles in health service support, force health protection planning, medical logistics, patient movement, and health care policy.

While serving as the MEDCOM for the Combined Joint Operations Area – Afghanistan (CJOA-A), the command achieved historic and unparalleled success by ensuring that the proper mix of medical forces were available and properly arrayed throughout the Regional Command battle space to ensure regional and national stability preceding the national election, thereby setting the conditions for the success of coalition and Afghan National Security Force operations. By their exemplary performance of duty, the members of TF 30th MEDCOM set the standard for future medical command operations in theater.